



Quality Council
Monday, June 23, 2003
3:30-5:00 p.m.

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Eleanor Owen
Frank Jose
Richard Hart
Alice Howell

Staff Present:

Lisbeth Gilbert
Walt Adam

Guests:

Howard Miller
Kali Henderson
Randy Polidan
Christine White

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves

III. PREVIOUS MEETING NOTES APPROVAL

Members unanimously approved meeting notes from the May meeting.

IV. ANNOUNCEMENTS

NAMI National conference on 6/27/03?

V. QUALITY COUNCIL RECOMMENDATIONS

Ron distributed the draft of a letter to the Chair of the King County Mental Health Advisory Board in which final recommendations are made regarding the Case Manager Turnover Study. Members and guests reviewed the letter and provided feedback on its content areas. All agreed that the Quality Council should forward recommendations that reflect their opinions of what is needed for system improvement and client care, regardless of whether the RSN will be able to respond to each recommendation.

The letter focused on two major areas for follow-up: a forum for case manager interaction and efforts to reduce paperwork. Liz indicated that the County is not currently providing a venue for case manager interaction but does lead a monthly meeting of agency clinical directors (third Friday of each month). A suggestion was made for a subgroup to

Ron next distributed a draft outline for an annual report card describing Quality Council efforts over a twelve-month period. Each report will cover the period of July 1-June 30, which is based on the state fiscal year. Ron asked members to email suggestions and recommendations for this report so he can prepare a draft for the July meeting.

VI. MEMBERSHIP

Ron noted that the Quality Council has not developed a process by which new members are recruited or voted into membership. The Mental Health Advisory Board by-laws require that the chair must be a member of the full board, and at least two additional members must also be board members. The by-laws allow up to ten additional community members and indicate that each standing committee shall develop its own procedures for identifying community members for membership. By-laws also address procedures that can be implemented when members miss more than two consecutive meetings, and term limits. Current by-laws are somewhat confusing as to whether only advisory board members or all committee members have voting rights. This matter will be forwarded to the full board. The Council will continue this discussion at its next meeting.

VI. SUPERVISED LIVING CONTRACT COMPLIANCE TOOL

Walt Adam provided copies of the tool the RSN will use during contract compliance reviews of supervised living providers. He also provided licensure tools used by the Department of Health for these facilities. Long Term Rehabilitation (LTR) facilities are Licensed by the Division of Aging and Adult Services, and their licensing standards are currently under revision.

Walt commended the Quality Council for their recommendations regarding the RSN's role in overseeing residential facilities. He has spoken with representatives from the licensing agencies, and agreed to exchange findings from

onsite reviews. In addition, the RSN will forward to the appropriate licensing agency concerns that are not contract related.

Walt described the RSN's site visit procedures, including agency notification, sampling methodology, report preparation, and corrective action requirements. When asked about how the RSN will monitor collaboration between outpatient case managers and residential providers, Walt indicated that this collaboration should be evident in the clinical record.

VII. COMPLAINTS, GRIEVANCES AND FAIR HEARINGS

Liz distributed a report recently sent to the State Mental Health Division. This report, which chronicles complaints, grievances and fair hearings brought forward by clients, is submitted every six months. The data is compiled from providers, the King County Ombuds Service, and the RSN Client Services Desk. There is no indication from the data that there are trends that require further action from the RSN. When asked how providers determine what constitutes a complaint, Kali Henderson (Valley Cities Counseling & Consultation Services) indicated that any call or contact from a client regarding his/her rights or services is considered a complaint.

VII. RSN UPDATE

Liz Gilbert provided a summary

- Mentally Ill Offender Community Transition Project: At the last minute, the legislature restored funding to this project, which serves eligible inmates being released from a Department of Correction (DOC) facility. The RSN receives approximately \$800,000 per year to fund comprehensive wrap-around services, and Seattle Mental Health is the provider.
- MHD Revenue Contract: RSNs have received copies of the 2003-2005 biennial contract for signature.
- Update on Criminal Justice Initiatives: Seattle Mental Health will be adding three liaisons who will be stationed at the King County Correctional Facility (Seattle), the Regional Justice Center (Kent), and the Day Reporting Center. Liaisons will be responsible for identify, referring and linking inmates in need of post-release chemical dependency and/or mental health services. Liaisons will be able to provide vouchers for inmates who are in need of mental health services but are not currently enrolled in Medicaid, to assure immediate access to services.
- Recovery: The RSN has established an internal work group that will develop a focused approach to a recovery-based system of care. After preliminary planning is completed, it is hoped the Quality Council will play a future role.
- Recovery Ordinance Report: The final report was not available for this meeting, but should be ready for July.

- Request for Proposals (RFP): An RFP that seeks to establish a network of chemical dependency providers through a competitive process will be issued on July 2, 2003. The RFP is designed to identify a competent provider network that emphasizes best practice approaches in the treatment of individuals who are dependent upon drugs and/or alcohol.